

Foster Family Home - Corrective Action Report

Provider ID: 1-190015

Home Name: Estrella Wolfe, RN

Review ID: 1-190015-1

95-306 Auhaele Place

Reviewer: Lisa Johnson

Mililani HI 96789

Begin Date: 5/29/2019

Foster Family Home

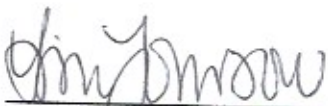
Required Certificate

[11-800-6]

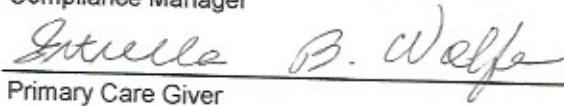
6.(d)(1) Comply with all applicable requirements in this chapter, and

Comment:

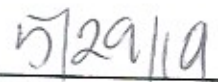
6.(d)(1) - Home inspection for a new 2 person CCFFH certification made on 5/29/19. Home is in compliance with all requirements.



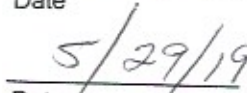
Compliance Manager



Primary Care Giver



Date



Date